



DEPARTMENT OF THE AIR FORCE  
59TH MEDICAL WING (AETC)  
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8 DEC 2016

MEMORANDUM FOR SGVT  
ATTN: CAPT BRITTANY LENZ

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled **HLA-B Sequencing in Patients with Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis** presented at/published to **AAD Annual Meeting, Orlando, FL, 3-7 March 2017** in accordance with MDWI 41-108, has been approved and assigned local file #**16399**.
2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
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PAUL T. BARNICOTT, GS-13-DAF  
Deputy Director, Clinical Research Division

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PROCESSING OF PROFESSIONAL MEDICAL RESEARCH PUBLICATIONS/PRESENTATIONS			
TO: Clinical Research Division/SGVU (59 MDW/SGVU)		FROM: Author's Name, Rank, Grade, Office Symbol BRITTANY LENZ, CAPT, O-3, 59 TRS/SGVT	
		PROTOCOL NUMBER:	
<b>PROTOCOL TITLE - [NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.]</b>			
<b>1. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED</b> HLA-B SEQUENCING IN PATIENTS WITH STEVENS-JOHNSON SYNDROME AND TOXIC EPIDERMAL NECROLYSIS			
<b>2. FUNDING RECEIVED FOR THIS STUDY?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>FUNDING SOURCE:</b>			
<b>3. IS THIS MATERIAL CLASSIFIED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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<b>7. WHO IS THE PRIMARY 59 MDW POINT OF CONTACT? (Last, First, MI.) (Include email)</b> LENZ, BRITTANY L. brittany.lenz@us.af.mil			<b>DUTY PHONE/PAGER No.</b> 210-594-1733
<b>AUTHORSHIP AND CO-AUTHOR(S) (List in the order they will appear in the manuscript)</b>			
<b>LAST NAME, FIRST NAME AND MI.</b>	<b>GRADE/RANK</b>	<b>SQUADRON/GROUP/OFFICE SYM</b>	<b>INSTITUTION (If not 59 MDW)</b>
a. Primary/corresponding author Lenz, Brittany	Capt/O-3	59 TRS/SGVT	
b. Andrew Patterson	Capt/O-3	559 THLS/SGTT	
c. Patrick Brown	MAJ/O-4		BAMC Troop Command Bravo
d. Thomas Beachkofsky	Maj/O-4	59 MDSP/SGMD	
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I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.			
<b>AUTHOR'S PRINTED NAME/RANK/GRADE</b> Brittany Lenz, Capt, O-3		<b>AUTHOR'S SIGNATURE</b> LENZ.BRITTANY.LEIGH-ANN.1159022583 <small>Digitally signed by LENZ.BRITTANY.LEIGH-ANN.1159022583            DN: cn=US, o=U.S. Government, ou=DoD, ou=AF, ou=59 MDW, ou=59 TRS, ou=59 TRS/SGVT, email=LENZ.BRITTANY.LEIGH-ANN.1159022583, Date: 2016.11.18 09:38:11 -0500</small>	
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		<b>DATE</b> Nov 16, 2016	
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# PROCESSING OF PROFESSIONAL MEDICAL RESEARCH PUBLICATIONS/PRESENTATIONS

## 1st INDORSEMENT (SGVU Use Only)

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1. DATE RECEIVED  
Nov 17, 2016

2. ASSIGNED PROCESSING REQUEST FILE NUMBER  
16399

3. DATE REVIEWED  
Dec 6, 2016

4. DATE FORWARDED TO PA

### 5. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES

☐ NO ☒ YES If yes give date: Nov 17, 2016 ☐ N/A

### 6. COMMENTS

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IRB approved retrospective poster with appropriate disclaimers

PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER

Kevin Kupferer/GS13/Hum Res Subj Prot Expert

DATE

Dec 6, 2016

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Kevin Iinuma, SSgt/E-5, 59 MDW Public Affairs

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DATE



# HLA-B Sequencing in Patients with Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis

Brittany L. Lenz, MD, Andrew T. Patterson, MD, Amanda J. Laska, MD,  
Patrick J. Brown, MD, and Thomas M. Beachkofsky, MD  
San Antonio Uniformed Services Health Education Consortium, Joint Base San Antonio, TX

## Introduction

Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) are severe cutaneous adverse drug reactions (ADRs) associated with significant morbidity and mortality (Figures 1-4). Though the exact pathogenesis remains unclear, targeted genomic analysis has identified relationships with certain immunologic markers and enzymes associated with drug metabolism. HLA-B types in particular have been associated with ADRs; however to date these associations exist for only a few specific drugs and patient populations.

Given the unique presentation and ability to obtain target tissue for analysis, severe cutaneous ADRs provide an ideal target for research using precision medicine techniques. We initially sought to examine whether certain HLA-B alleles were present at an increased frequency in patients with SJS/TEN. Now through whole genome sequencing and epigenetic analysis, we aim to identify novel biomarkers for cutaneous adverse drug reactions.

## Methods

We conducted a retrospective study of SJS/TEN patients admitted to the San Antonio Military Medical Center (SAMMC) Burn Unit between 2001 and 2015. Targeted sequencing of the HLA-B gene was performed on 28 formalin-fixed paraffin-embedded (FFPE) skin biopsy samples from cases with a known offending drug. Typically, HLA-B gene alleles are determined by sequencing Exons 2 and 3 of the gene, using primers that anneal in a non-variable region of the introns. This was not possible with FFPE samples due to fragmentation of DNA; therefore we used commercial primers designed from the least variable areas of the exons possible.

Using the Sanger sequencing method, we identified the potential HLA-B alleles present in the FFPE samples and evaluated for an association with the offending drug (Table 1).

We would like to thank the San Antonio Military Medical Center Burn Unit, Wilford Hall Ambulatory Surgical Center, and the 59<sup>th</sup> MDW Clinical Research Division for their contributions to this project.

Opinions expressed are those of the authors and are not to be construed as official or representing those of the US Air Force, US Army, the Department of Defense, or the US Government.

## Clinical Presentation



Figure 1

Figure 2

Figure 3

Figure 4

## HLA-B Sequencing

Specimen #	Causative agent	Ethnicity	Allele 1	Allele 2	Specimen #	Causative agent	Ethnicity	Allele 1	Allele 2
1	Bactrim	White	B*07:01 or B*44:01	B*13:01 or B*44:01	17	Ceftriaxone	Unknown	B*07:01 or B*44:01	B*13:01
2	Bactrim	White	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01 or B*44:01	18	Ceftriaxone	Hispanic	B*07:01	B*13:01 or B*44:01
3	Bactrim	Mexican	B*07:01	B*13:01, B*44:01, B*44:01, or B*44:01	19	Ceftriaxone	White	B*07:01	B*13:01 or B*44:01
4	Bactrim	Black	B*07:01	B*13:01, B*44:01, B*44:01, or B*44:01	20	Ceftriaxone	Black	B*07:01, B*13:01, or B*44:01	B*13:01 or B*44:01
5	Bactrim	Other	Unable to determine alleles	B*13:01	21	Ceftriaxone	White	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01
6	Bactrim	Other	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01	22	Ceftriaxone	White	B*07:01	B*13:01, B*44:01, or B*44:01
7	Bactrim	White	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01	23	Ceftriaxone	White	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01
8	Bactrim	Other	Unable to determine alleles	B*13:01	24	Ceftriaxone	White	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01
9	Bactrim	Black	Unable to determine alleles	B*13:01	25	Ceftriaxone	White	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01
10	Bactrim	White	Unable to determine alleles	B*13:01	26	Ceftriaxone	White	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01
11	Bactrim	White	Unable to determine alleles	B*13:01	27	Ceftriaxone	White	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01
12	Bactrim	Other	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01	28	Ceftriaxone	White	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01
13	Bactrim	Hispanic	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01					
14	Bactrim	White	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01					
15	Amoxicillin	Black	B*07:01	B*13:01					
16	Amoxicillin	Unknown	B*07:01, B*13:01, B*44:01, B*44:01, or B*44:01	B*13:01					

Table 1

## Results

Multiple potential HLA-B alleles were identified in most of our specimens. This highlights the limitations of DNA sequencing using FFPE samples, as the fragments of DNA and non-overlapping sequences limited our ability to determine an exact HLA type for every specimen. Based on these results, we were unable to determine statistically significant associations regarding frequency of HLA type or inciting drugs. However, our data show HLA-B\*44 as a potential allele in 9 of the 28 samples, including 5 of 10 cases associated with Bactrim. This is consistent with prior reports of HLA-B\*44 associated with SJS/TEN due to sulfonamides and SJS/TEN with severe ocular complications.

## Discussion & Prospective Study

Severe cutaneous ADRs remain a significant cause of morbidity and mortality in health care and are often unpredictable. To further investigate potential genetic risk factors for SJS/TEN, we designed a prospective study using whole genome sequencing and transcriptome studies to examine epigenetic changes during ADRs (see below).

Time since enrollment	Day 0	Day 2	Day 4	Day 6	Day 8	Day 10	Day 17 (combined case weekly visits)	Day 30-60 (following resolution of initial case visits or hospital discharge)
Peripheral blood for transcriptome analysis	X	X	X	X	X	X	X	X
Skin biopsy for transcriptome analysis	X							X
Peripheral blood for whole genome sequencing	X							

We are currently enrolling patients at SAMMC through 2018. A secondary goal of this study is the establishment of a tissue repository at the Collaborative Health Initiative Research Program at the Uniformed Services University to aid in future studies examining adverse drug reactions.

## References

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- Bomoni RG. Role of Dermatology in pharmacogenomics: drug-induced skin injury. *Pharmacogenomics*. 2015 Mar;16(4):401-12.
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